

State of Nebraska
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986

APPLICATION FOR LICENSURE - Board of Respiratory Care Practice

SECTION A - PERSONAL INFORMATION (All applicants must complete this section.)											
1	Name	Last:	First:				Middle/Maiden:				
2	Address	Street/PO/Route:									
		City:				State:			Zip:		
3	Date of Birth						4	Age:			
		(Attach proof of age of majority: i.e., verified copy of birth or marriage certificate or driver's license.) Verified means sworn to before a Notary Public.									
5	Place of Birth:	City/County/State									
6	SS# (Mandatory)					Phone (Optional)					
7	MORAL CHARACTER										
	Have you ever been convicted of a misdemeanor or felony?										
	Answer Yes or No										
	If yes, state what crime, date of conviction, name and location of court:										
	Crime				Date of Conviction				Name/Location of Court		
If you answered Yes to the above, you must request the following documents be sent directly to this office:											
<ul style="list-style-type: none"> Official court records, which includes charges and disposition If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status; and A letter from you explaining the circumstances surrounding the conviction. 											

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Even	\$26	\$26	\$26	\$26	\$26	\$52	\$52	\$52	\$52	\$52	\$52	\$52
Odd	\$52	\$52	\$52	\$52	\$52	\$51	\$51	\$51	\$51	\$51	\$51	\$26

**** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.**

8	Have you actively practiced in Nebraska as a respiratory care practitioner prior to licensure? <div style="text-align: right;">Answer Yes or No</div>		
	If yes, how many days have you practiced in Nebraska as a respiratory care practitioner?		
9	Are you or have you been licensed or certified in another state? <div style="text-align: right;">Answer Yes or No</div>		
	If yes, list state(s) and license/certification numbers;		
10	Is any disciplinary action pending or ever been taken against your license? <div style="text-align: right;">Answer Yes or No</div>		
	If yes, state date and type of action; name and address of entity taking such action:		
	Action	Date of Action	Name/Address of Entity

SECTION B - LICENSE APPLICATION CATEGORY (All applicants must complete this section)

	By Examination after July 17, 1986
	By Examination on or prior to July 17, 1986
	By Licensure in Another Jurisdiction (state)
Have you taken the National Board for Respiratory Care CRTT Examination? <div style="text-align: right;">Answer Yes or No</div>	
If yes, list date(s):	
Have you passed the CRTT examination? <div style="text-align: right;">Answer Yes or No</div>	
If yes, proceed as directed in Section C below.	

SECTION C – EDUCATION - Complete this section if you have passed, or will take, the licensure examination after July 17, 1986. Submit an official transcript for proof of completion of an approved respiratory care program. A transcript is considered official when it is issued by the institution where the training program was completed and affixed with its seal.

APPROVED RESPIRATORY CARE PROGRAM

Name:	
Location:	
Date Completed	

SECTION D - EXAMINATION - Provide The Department With The Following:

1	If you have taken the CRTT or RRT examination on or before July 17, 1986, you must submit a letter verifying certification sent to this office by National Board for Respiratory Care (NBRC).
2	If you have taken the CRTT examination after July 17, 1986, submit a notarized copy of your score report from NBRC or a letter from NBRC stating that you have passed the certification examination. This letter must be sent by NBRC to the address on the first page of this application.

SECTION E - LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION. (State) (If you hold a license to practice respiratory care in another jurisdiction, complete this section and have the licensing agency complete the Certification of Applicant's License in Respiratory Care - Attachment A-3.)				
1	Name of Agency Issuing License:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
2	Date Issued:			
3	Name of Written Examination:			
4A	Have you been in the active and continuous practice of respiratory care under such license or in an accepted residency or graduate program for one year of the three years immediately preceding the date of application for Nebraska license?			
	Answer Yes or No			
	4A1	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of respiratory care. (Continue on reverse side or use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
	4A2	Give location, address, and dates actively engaged in practice of respiratory care. (Continue on reverse side or use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
4B	Have you been in active and continuous practice of respiratory care under license by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such license?			
	Answer Yes or No			
	4B1	Give location, address, and dates actively engaged in practice of respiratory care. (Continue on reverse side or use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
5	Have you requested to have certification of your respiratory care practitioner license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant's License In Respiratory Care "Attachment A-3"?			
Answer Yes or No				

SECTION F – CERTIFYING INFORMATION (All applicants must complete Section F.)

I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Signature of Applicant:: _____ Date: _____

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
P.O. BOX 94986
LINCOLN, NE 68509-4986

CERTIFICATION OF APPLICANT'S LICENSE IN RESPIRATORY CARE
(Must be completed by licensing agency)
(Print or Type)

Our records indicate that _____ was licensed as a
(Applicant's Name)
respiratory care practitioner on _____, 20____. The license was issued on the
basis of written examination _____. The applicant's
(Name of Examination)
score was _____. Requirements for licensure in _____ at the time this
(Issuing State)
license was issued were: _____

(Copies of regulations/requirements for licensure at the time of issuance of license may be attached
as documentation.)

Based on the records of this department, the applicant's license:

- (a) _____ is in good standing, and so far as our records are concerned, the applicant is entitled
to endorsement.
(b) _____ has been disciplined.

Please explain any disciplinary action: _____

Date: _____

(_____) _____
Area Code Telephone Number

(SEAL)

Name and Title

Licensing Agency

Address

City/State/Zip Code

Signature